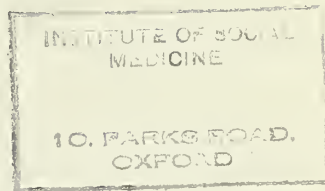


# Glamorgan County Council.

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EDUCATION COMMITTEE.

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## Annual Report

OF THE

## School Medical Officer

ON

Medical Inspection of Children in Maintained Primary and  
Secondary Schools for the Year 1945

BY

ARTHUR R. CULLEY, M.D., B.Ch. (Wales), B.Sc., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.

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CARDIFF  
WILLIAM LEWIS (PRINTERS) LTD.  
1946.

*To the Chairman and Members of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the School Health Service for the year ended 31st December, 1945.

The Education Act, 1944, operated from the 1st April, 1945, but, as the members of the Committee are well aware, the Scheme of Divisional Administration in Glamorgan came into being from 1st April, 1946. To overcome the difficulties of the interim period, the Education Committee requested the Education Committees of the former Part III Authorities to act as Sub-Committees of the Glamorgan Education Committee, and this was agreed by the Authorities concerned. Hence, this report includes a statement on the School Health Service in the area administered by the Glamorgan Education Committee under the 1921 Act and, in addition, gives a statistical picture of the work carried out by the District Sub-Committees. I am indebted to my colleagues in the former Part III areas for their kindness in providing the statistical material relating to their services.

This report has been written by my deputy, Dr. W. Evan Thomas, and the sections on orthopaedic treatment, the dental service, and the activities of the Bridgend School for the Blind have been subscribed by Dr. Naunton R. Jenkins, Mr. John Young, and Mr. F. E. Hewitt, respectively. I am grateful to all these officers.

The year's work was accomplished under great difficulties, owing to shortage of medical, dental, and clerical staff. The dental staff consisted of only four full-time officers for the greater part of the year. The clerical staff consisted mainly of temporary officers who gave splendid service, but, inevitably, the few remaining permanent officers had to carry a heavy burden.

The nursing staff was not so sadly depleted, and the average visits per school for cleanliness survey work were 5.3, which can be considered satisfactory.

In spite of all difficulties, certain features of the work showed a pleasing improvement, e.g. 3,000 more attendances at dental clinics, over 1,000 more refractions were performed, and over 200 more children received operative treatment for enlarged tonsils and adenoids compared with the previous year. The health of the pupils showed no obvious evidence of general deterioration, and the nutrition figures were maintained.

The head teachers and teachers have given the School Health Service great assistance, and members of the teaching profession at meetings addressed by myself during the year have shown an extraordinary interest in the physical welfare of the pupils.

A great deal of time was given during the year to the creation of the Scheme of Divisional Administration, and in visiting my colleagues in the Part III areas in preparation for the transfer of functions under the Education Act, 1944. Much more has to be done to complete the new School Health Service and so provide the extended service that the Committee desires to establish, but all can be pleased with the start made.

A serious deficiency at present is the lack of provision for handicapped children in the County, but it is a deficiency well recognised by the Committee, and undoubtedly will be remedied as soon as possible in the face of present building difficulties.

I would like to express my gratefulness to the medical, dental, nursing and clerical officers of the department for the work accomplished during the year.

Lastly, I must again thank the members of the Committee for their great interest in the work of the School Health Service, and the sympathetic manner in which any suggestions I have made to them have been received and supported.

I am,

Your obedient servant,

**A. R. CULLEY,**

*County School Medical Officer.*

*July, 1946.*

## SCHOOL MEDICAL OFFICER'S DEPARTMENT.

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### STAFF.

The Medical, Dental, and Nursing Staff of the County School Medical Service during the year 1945 was as follows :—

#### *SCHOOL MEDICAL OFFICER.*

ARTHUR R. CULLEY, M.D., B.CH. (Wales), B.SC., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.

#### *DEPUTY SCHOOL MEDICAL OFFICER.*

WILLIAM EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

#### *MEDICAL INSPECTORS.*

DAVID T. LEWIS, M.R.C.S., L.R.C.P., D.P.H.

NAUNTON R. JENKINS, M.R.C.S., L.R.C.P., D.P.H.

MOREEN WHELTON, B.SC., M.B., B.CH., B.A.O., D.P.H.

GWLADYS EVANS, M.R.C.S., L.R.C.P., D.P.H.

AMY L. JAGGER, B.SC., M.D., B.CH., D.P.H.

T. M. A. LEWIS, B.SC., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H. (H.M. Forces.)

PHILIP L. SIMON, M.R.C.S., L.R.C.P.

#### *Temporary.*

BERYL BEVAN, M.B., B.CH., M.R.C.S., L.R.C.P., B.SC. (To 30th September, 1945.)

V. S. HAWKES, M.R.C.S., L.R.C.P.

#### *CONSULTING ORTHOPAEDIC SURGEON.*

ARTHUR O. PARKER, M.D., C.M., M.C.P.S.

#### *DENTAL SURGEONS.*

JOHN YOUNG, L.D.S.

MARY M. M. DAVIES, L.D.S.

FRANK G. EVANS, L.D.S. (Returned from H.M. Forces, 10th December, 1945.)

QUENTIN A. DAVIES, L.D.S. (Returned from H.M. Forces, 15th April, 1945.)

WYSTAN A. PEACH, L.D.S.

T. P. ELLIS, L.D.S. (H.M. Forces.) (To 11th December, 1945, resigned.)

J. GRAHAM JONES, L.D.S. (H.M. Forces.)

J. B. CLARK, L.D.S. (H.M. Forces.)

#### *Temporary.*

E. HEVIN JONES, L.D.S.

G. EDWARD JOHN, L.D.S. (From 9th April, 1945.)

#### *Part-time.*

W. TREVOR FLOOKS, L.D.S.

MALDWYN VAUGHAN, L.D.S.

DR. K. H. GUTTMANN. (From 15th September, 1945.)

*SCHOOL NURSES.*

ANNIE WILLIAMS, S.R.N. (Superintendent.)  
 CEINWEN C. THOMAS.  
 CARRIE BRAZELL, S.R.N.  
 GWLADYS G. JONES, S.R.N.  
 CEINWEN EDWARDS, S.R.N.  
 ANNIE MORRIS, S.R.N.  
 ELLEN ROBERTS, S.R.N.

FLORENCE E. COLE, S.R.N.  
 LUCY A. BEVAN, S.R.N.  
 DOROTHY M. TREMBATH, S.R.N.  
 GWEN JONES, S.R.N. (To 26th October, 1945.)  
 OLIVE M. HOWELLS, S.R.N.  
 MAIR EVANS, S.R.N.  
 IRENE TOYE, S.R.N.

*Temporary.*

(Mrs.) F. M. HENDERSON, S.R.N.  
 IVY DAVIES, S.R.N.  
 A. M. HOPKINS, S.R.N.  
 CERIDWEN JONES, S.R.N.  
 (Mrs.) IRENE POWIS, S.R.N.  
 E. RADCLIFFE, S.R.N. (To 31st January, 1945.)  
 (Mrs.) G. E. LE'BER, S.R.N.  
 (Mrs.) SARAH A. MORGAN, S.R.N. (From 16th April, 1945.)

(Mrs.) V. M. C. MORRIS, S.R.N. (From 3rd September, 1945.)  
 (Mrs.) MURIEL A. SANDERCOCK. (From 1st October, 1945.)  
 (Mrs.) W. E. M. TURNBULL. (From 1st November, 1945.)  
 (Mrs.) RHONWEN THOMAS, S.R.N. (From 10th July, 1945.)

*ORTHOPAEDIC NURSES.*

EDYTHE A. THURSTON, C.S.P., M.E., O.N.C.

*Temporary.*

CYNTHIA HETT, C.S.P., M.E., O.N.C. (To 18th October, 1945.)

As the Scheme of Divisional Executive Administration did not come into operation until April, 1946, it is not possible to give particulars of the staffs of the former Part III Authorities for the year 1945.

Full details of the transferred officers will be given in the Annual Report for the year 1946.



The following statistics show the extent of the work of the Department during the last ten years. The figures relating to members of the staff during the war years include those serving in H.M. Forces.

**BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1935-1945 (EXCLUDING THE FORMER PART III AUTHORITIES).**

A. STAFF.	1935.	1938.	1941.	1942.	1943.	1944.	1945.
(i) Assistant Medical Officers ..	11†	13‡	9††	13‡	9††	9††	9††
(ii) Consultant-Orthopaedic ..	1	1	1	1	1	1	1
(iii) Dental Surgeons ..	9	12	12	11	10‡‡	12	12
(iv) School Nurses ..	30*	29*	28§§§	28**	26***	27§	27§§§§
<b>B. MEDICAL INSPECTION.</b>							
(i) Routine Examinations ..	18,798	20,150	12,184	7,916	12,997	14,214	12,575
(ii) Special Examinations ..	1,424	1,704	1,888	3,902	2,356	1,934	2,134
(iii) Re-examinations ..	11,526	12,270	5,388	8,958	13,157	7,782	7,461
Totals ..	31,748	34,124	19,460	20,776	28,510	23,930	22,170
<b>C. DENTAL INSPECTION.</b>							
(i) No. of children inspected by School Dentists ..	23,537	27,289	28,331	21,089	10,682	15,359	19,894
<b>D. TREATMENT.</b>							
(i) No. of Treatment Centres ..	43	47	43	44	37	34	35
(ii) Attendances at School Clinics.							
(a) Dental ..	44,559	48,395	38,587	28,256	20,750	19,032	22,268
(b) Refractions ..	7,093	6,656	4,802	5,248	4,862	4,613	5,758
(c) Orthopaedics ..	4,045	3,146	2,699	2,463	2,359	2,306	2,327
(d) Tonsils and Adenoids	885	765	324	639	1,024	821	1,036
Totals ..	56,582	58,962	46,412	36,606	28,995	26,772	31,389
(iii) Treatment.							
(a) No. of teeth extracted	37,060	38,660	31,823	29,013	17,937	16,965	18,705
(b) No. of teeth filled ..	13,769	15,609	14,945	8,255	5,271	5,835	6,832
(c) No. of other operations	4,178	7,142	7,698	3,475	2,680	3,292	3,054
Totals ..	55,007	61,411	54,466	40,743	25,888	26,092	28,591
(iv) No. of pairs of spectacles provided ..	2,123	1,905	1,085	819	858	758	1,371
<b>E. SCHOOL NURSES.</b>							
(i) No. of examinations of children at school for uncleanliness ..	205,401	151,394	192,996	240,806	254,038	265,111	211,774
(ii) No. of re-examinations ..	28,360	22,624	32,213	41,712	41,158	27,158	21,317
(iii) No. of visits paid to homes..	36,198	30,000	31,810	40,905	39,935	33,517	27,475

\* Including two trained Orthopaedic Nurses.

†† Including two temporary Assistant School Medical Officers.

‡ Including three temporary Assistant School Medical Officers.

‡ Including six temporary Assistant School Medical Officers.

§§ Including two trained Orthopaedic Nurses and two temporary School Nurses.

\*\* Including two trained Orthopaedic Nurses and five temporary School Nurses.

\*\*\* Including two trained Orthopaedic Nurses (one temporary) and six temporary School Nurses.

§ Including two trained Orthopaedic Nurses (one temporary) and eight temporary School Nurses.

‡‡ Including two temporary Assistant Dental Officers (one part-time).

|| Including four temporary Assistant Dental Officers (three part-time).

|| Including five temporary Assistant Dental Officers (three part-time).

|||| Including two temporary Assistant Dental Officers.

§§§ Including two trained Orthopaedic Nurses (one temporary) and eleven temporary School Nurses.

## SCHOOL MEDICAL INSPECTION AND TREATMENT.

## (1) NUTRITION.

The good standard of nutrition among the school children has again, it is pleasing to report, been maintained, as will be seen from the following table :—

Year	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Sub-Normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
1938	17,807	1,145	6·43	12,629	70·92	3,935	22·10	98	0·55
1939	10,136	455	4·49	6,488	64·01	3,078	30·37	115	1·13
1940	11,644	580	4·98	7,954	68·31	2,871	24·66	239	2·05
1941	7,527	391	5·19	4,707	62·54	2,349	31·21	80	1·06
1942	7,174	638	8·89	5,287	73·70	1,216	16·95	33	0·46
1943	9,648	771	7·99	7,638	79·17	1,205	12·49	34	0·35
1944	9,730	1,053	10·82	7,397	76·02	1,243	12·78	37	0·38
1945	9,540	892	9·35	7,402	77·59	1,225	12·84	21	0·22

The combined total of the A and B group is fractionally higher at 86·94%, while the D category, in which are placed the grossly undernourished, is again reduced, and is at the low figure of 0·22%. The latter is one-tenth of the percentage in 1940, the first full year of the war, and it is satisfactory to realise that the apprehension which one might have felt then that the nutrition of the children might suffer as the result of rationing and food shortage was not warranted. This is due in no small measure to the Meals-in-School Scheme.

The above figures, as do all those in the report, unless specifically stated, exclude those in respect of the former Part III Education Authorities, but the figures relating to nutrition in those areas—shown in Table II on page 24—range in respect of the A and B group from 83·49 in Pontypridd to 98·09 in Aberdare. While there may be some slight variation from one area to another, depending on its economic circumstances, it should be pointed out that the personal factor is an important one in assessment of nutrition, as the standards of different medical officers vary, and probably accounts for the wide variation.

As stated in my last Annual Report, the County figures are more or less comparable from year to year, as the same medical officers have carried out the inspections.

## (2) MILK AND MEALS IN SCHOOL.

## (a) Milk.

The policy of supplying pasteurised milk to the schools where this is available has been pursued, and periodic checks are made to ensure that such supplies are adequately treated. In those schools, few in number, supplied with accredited and ungraded milks, samples are taken regularly and biologically tested for tubercle bacilli. The results in the 37 samples examined were negative.

(b) *Meals.*

The progress made in the provision of meals to school children has been good, the return of school meals returned in a day in February, 1946, being as follows :—

<i>No. of School departments.</i>	<i>No. of departments served with meals.</i>	<i>Children in attendance at all schools.</i>	<i>No. of meals.</i>	<i>Percentage receiving meals.</i>
657	498	92,156	40,934	44·4

The general policy of the Authority is to provide self-contained canteens which have many advantages over central kitchens, resulting in better meals and consequent better response from the parents. Canteens are being set up with all possible dispatch in pursuance of the Government aim to make the service generally adequate for the numbers of pupils who may be expected to use it, and then later to make the benefits of the meals in grant-aided schools free of cost as a part of the proposals under the Family Allowances Scheme, which can only be done when the service becomes widely available.

(3) *CLEANLINESS AND SKIN INFECTIONS.*

An improvement in the general cleanliness of pupils is indicated by the marked reduction in the incidence of scabies and impetigo shown below :—

<i>Year.</i>	<i>Scabies.</i>	<i>Impetigo.</i>
1941	554	148
1942	966	408
1943	1,116	359
1944	864	335
1945	469	230

The decrease of the scabies cases is partly due to the more extensive use of Benzyl-Benzoate preparations which, if properly applied, are of proved value in the rapid clearing up of this condition. The fact that the preparations are suitable for home application is an added advantage, as the closing down during the year of first-aid posts, many of which had been used as treatment centres, would have otherwise rendered treatment of the complaint more difficult for those Sanitary Authorities responsible for cleansing arrangements under the Scabies Order, 1941, but lacking such facilities of their own.

The reduced incidence of impetigo, however, confirms the statement of an improvement in cleanliness, and is a sign of the return to peace-time conditions when the incidence of scabies and impetigo was considerably lower. The figures for 1938 were, for example :—scabies 79, impetigo 53.

With the return from the forces of medical and dental staff, more of the school nurses' time has been devoted to clinic duties, which accounts for the decrease in the number of visits made per school for cleanliness surveys from 6·1 to 5·3. The proportion of children who were verminous is low, and is kept so by the work of the school nurses and the ready co-operation of the parents, who appreciate the assistance which is given in those cases where infestation occurs. Lethane oil was used in 463 cases, which is fewer than last year.

(4) *MEDICAL INSPECTION.*

Routine medical inspection in the schools was confined, as during the war years, to the entrant and leaver groups in the primary and secondary schools. In both groups fewer children were examined, but the number seen at general surveys, special inspections and re-inspections showed an increase from 44,971 to 57,268. The policy of conducting surveys has brought to notice more children requiring treatment than would have otherwise been revealed with the limited medical staff available, and this is reflected in the higher treatment figures reported, which means a corresponding increase in the time devoted to clinic duties by the staff.



### (5) TREATMENT.

The duty laid on local Education Authorities by Section 48 (3) of the Education Act, 1944, to secure that comprehensive facilities for the treatment, other than domiciliary, of all pupils in attendance at main-  
tained schools or county colleges could not be put into effect until the completion of negotiations on a national level as to the terms under which treatment would be provided for hospital and consultant facilities. Pending such agreement, existing schemes of treatment were concentrated upon, in accordance with Circular 29 of the Ministry of Education. From 1st April, 1945, when the Act came into operation, all treatment provided by the Authority has been free of cost to the parent, including the provision of spectacles and appliances.

#### (a) *Defective Vision and Squint.*

3,691 primary and 1,033 secondary school children were dealt with, spectacles being provided for 1,341. The provision of glasses by the Authority to all pupils recommended to wear them has fortunately solved the problem which has arisen previously due to the neglect of certain parents to provide them at their own expense, and children previously penalised in this way are now assured of suitable glasses. An important point is that the type of frame agreed upon by the Committee is a well-finished article of good appearance, which few children, if any, will object to wearing.

Consideration was given during the year to the setting up of an orthoptic service for the treatment of squint, and approval was given to the appointment of two orthoptists the intention being to establish in the first instance two orthoptic clinics. This is a comparatively new service, and, as few orthoptists are as yet available, no appointments have been made, but it is hoped that it will be possible to proceed with the scheme in the near future.

Although orthoptic training is of value in restoring binocular vision, which is often lost in cases of squint, it must be frequently combined with operation, arrangements for which will be made, as now, in the County hospitals.

#### (b) *Orthopaedic Scheme.*

Dr. Naunton Jenkins contributes a report on this work under the heading "Orthopaedic Treatment."

#### (c) *Ear, Nose and Throat.*

With the release of beds in the County hospitals previously held in reserve for E.M.S. cases, it has been possible to make up some of the ground which was lost in the operative treatment of tonsils and adenoids. The number of children operated upon in the County and other hospitals was 1,074, an increase of approximately 200.

The waiting lists, however, remain long, and every effort is being made to reduce them.

### (6) HANDICAPPED PUPILS.

Among the categories of handicapped pupils defined in Part II of the Handicapped Pupils and School Health Services Regulations, 1945, there are included, in addition to what were previously referred to as "exceptional children," several new categories, viz. the diabetic, the maladjusted, and those suffering from speech defect, requiring special educational treatment. Important changes in nomenclature are also introduced as the former mentally defective group will henceforth be known as the "educationally sub-normal" category, embracing those pupils who are suffering from educational retardation and requiring some specialised form of education in substitution for that normally given in ordinary schools. The "physically handicapped" category will include the child formerly classified as a "cripple."

The responsibility for the ascertainment of these pupils in order that they may be provided with education suitable to their age, aptitude and ability is an important one, and can only be carried out by medical officers with experience in the particular type of disability from which the pupil may be suffering.



The difficulty previously experienced in finding special school accommodation for all categories except the blind remains acute, but must be faced, as the regulations stipulate that blind, deaf, physically handicapped, epileptic and aphasic pupils shall be educated in special schools, and, in the case of the blind and epileptic, this must be a boarding school.

It has not been possible for some time to obtain a single vacancy for the many educationally sub-normal pupils now awaiting admission to special boarding schools, and it will be noted in Table III that there are sixty educationally sub-normal children attending maintained primary schools, and five at no school or institution. This is not the whole picture, as it does not include the former Part III areas.

Recent developments in education and child welfare have included a growing interest in the problems of the maladjusted child now officially recognised in the regulations. The group includes those who show evidence of emotional instability or psychological disturbance, and the number of children referred for special examination at a child guidance clinic by committees, head teachers, medical officers and others steadily increases. It has not been possible, owing to the difficulty of obtaining suitable personnel, to inaugurate the County Child Guidance Service sanctioned by the Education Committee, and there is need to stress that those referred should be carefully selected, particularly at the present time, when arrangements can only be made for the examination of a limited number at the Cardiff clinic. During 1945, nine cases were referred there for examination and report.

### ORTHOPAEDIC TREATMENT.

*(Report of Dr. N. R. Jenkins.)*

The difficulties of the year 1945 occasioned no interference with the normal functioning of the Glamorgan Education Authority's six Orthopaedic Clinics set up under the Cripple Scheme twenty-three years ago. The six clinics mentioned have ever since been held weekly at Bridgend, fortnightly at Caerphilly, Maesteg, Neath, Pontardawe, and monthly at Penarth. They are staffed by a Medical Officer, two Orthopaedic Nurses, and one School Nurse, all being full-time officers in the employ of the County Council, assisted quarterly by consultations with the Council's part-time Orthopaedic Surgeon, Mr. A. O. Parker, who, when necessary, carries out operative treatment on selected cases at the West Glamorgan County Hospital, Neath, the Mid-Glamorgan County Hospital, Bridgend, and the Prince of Wales' Hospital, Cardiff.

The purpose of the clinics is for the examination, diagnosis, treatment, and after-care of all children suffering from crippling defects in attendance at the Authority's schools, and also all pre-school children referred, under mutual arrangements, by the District Medical Officers of certain Local Authorities within the Council's Administrative Area. Further, under the new Education Act, 1944, cripple children in attendance at the schools of the previous autonomous areas will gradually be brought into the Orthopaedic Scheme if necessary.

The crippling defects referred to are, as has been mentioned in my previous reports : (1) Congenital in origin, such as club feet, club hands, supernumerary toes and fingers (polydactyly), conjoined toes and fingers (syndactyly), cleft feet and hands, dislocated hips, wry necks (Torticollis), cervical ribs and spina bifida. (2) Paralytic in origin due to flaccid or infantile paralysis (acute anterior poliomyelitis) and stiff or spastic paralysis resulting in deformed feet, legs, hands and arms ; obstetrical paralysis usually affecting the upper arm (Erb's palsy) and lower arm (Klumpke's palsy). (3) Static or postural in origin such as spinal curvatures (scoliosis, kyphosis and lordosis), knee defects including knock knee (genu valgum) and bow legs (genu varum), feet defects—flat feet, claw feet, hammer toes, great toe disabilities (hallux valgus and hallux rigidus), flattening of transverse arch of foot, sometimes resulting in a painful condition known as Metatarsalgia or Morton's disease. Regarding feet defects, I might mention here that numbers of parents complain to me that their children's shoes wear badly or rapidly, in the mistaken belief that there is something wrong with the children's feet. On examination, I am able to assure them that everything is normal, but that

the quality of the footwear is at fault. This year the footwear has been deplorable, both in quality and quantity, and the parents are extremely harassed to find the necessary coupons for replacements, which even then only last a few weeks. There is no doubt that if these conditions persist for any length of time, they would certainly be conducive to the development of flattened arches, especially in the younger children.

(4) Non-tuberculous sub-infections of unknown origin such as Calve's disease of the backbone (vertebrae), Perthe's disease of the head of the hip-bone, Schlatter's disease of the upper end of the shin-bone, Osgood's disease of the heel-bone, and Köhler's disease of the ankle, all of which fortunately usually recover after rest and treatment. (5) A few rare diseases of the spinal cord such as Friedreich's Ataxia and Progressive Muscular Atrophy for which, unfortunately, nothing can be done. Tuberculous conditions are dealt with by the Welsh National Memorial Association; traumatic conditions of bones and joints are not yet included in the Cripple Scheme.

Attendances during the year, despite the continuance of transport difficulties, were well maintained.

The statistical figures for the year were as follows :—

Total attendances made at clinics .. .. .	2,327
Number of Secondary School pupils with crippling defects .. ..	23
Number of Secondary School pupils with postural deformities .. ..	106
Number of Primary School children with crippling effects .. ..	236
Number of Primary School children with postural deformities .. ..	263
Number of visiting scholars with crippling defects .. .. .	9
Number of visiting scholars with postural deformities .. .. .	15
Number of Infant Welfare cases .. .. .	298
Number of operations performed at :—	
West Glamorgan County Hospital .. .. .	6
Mid-Glamorgan County Hospital .. .. .	17
Prince of Wales' Hospital .. .. .	28
Number of children cured during the year .. .. .	91

## DENTAL INSPECTION AND TREATMENT.

*(Report of Mr. John Young, L.D.S.)*

At the beginning of the year 1945 our dental staff consisted of four whole-time dental officers and two part-time dental officers. Early in the year we secured the services of a temporary whole-time officer, and we were able to retain his services for the remainder of the year. One of our other officers was released from the Army about Easter and returned to his civilian duties without delay; towards the end of the year another of our officers rejoined us, so our strength has steadily improved. It enabled us to maintain services at 35 centres, including a reduced service in the Gower group of schools.

As far as was possible routine inspections and treatment of cases were carried out as in previous years. At the beginning of the year matters were very much as they had been the previous year, but with the securing of the services, first of the new temporary officer, and later of one of our own demobilised officers, matters steadily improved.

Of the 19,894 children inspected, including 157 evacuees, 14,572 required treatment, 6,241 were actually treated or re-treated, and 22,268 attendances were recorded. Maternity and Child Welfare cases who attended our clinics for treatment made 1,766 attendances, making a grand total of 24,034. 16,027 temporary teeth and 2,678 permanent teeth were extracted, a total of 18,705. 6,832 fillings were inserted in permanent and temporary teeth, and 3,054 other operations were performed. The improvement upon the previous year's figures can, of course, be traced to the gradual rebuilding of our staff.



Nitrous oxide and oxygen anaesthetic sessions at our selected clinics were maintained throughout the year and 1,657 cases, including 221 Maternity and Child Welfare cases were dealt with. As in previous years, there should be added to this figure the numbers of cases dealt with under the other schemes administered by the Glamorgan County Council. Now, with the expectation of a return to normal times, or an approximation thereto, I would advocate the institution of regular gas sessions on stated days each week at those clinics where we have Walton machines installed, and to these can be added the Walton or anaesthesia equipped clinics formerly controlled by the former Part III Authorities. In this manner a comprehensive network of these clinics will be spread over the County, so that all areas however remote, will be within easy distance of a gas centre.

Staffing, as I have pointed out in my opening paragraph, is steadily improving, but even with the return of the officers still in the Services we shall still be below the staff strength essential for the dental requirements of the County, and I would urge that the necessary additional officers should be appointed as soon as possible. Acquiring the Part III Authority clinics and staffs does not reduce our difficulties, but rather adds to them, for in my opinion they have been seriously understaffed, and to secure staff for their needs must be one of our chief concerns.

Another of our "worries" has been equipment, especially the replacement of the larger items in a clinic's equipment which had been worn out. However, we have taken active measures to make good any existing defects in equipment by arranging replacements where necessary, new installation <sup>where</sup> necessary, and to improve premises by improved lighting, etc., and to utilise the newly acquired premises to the best advantage. In passing, I should like to say that the supply of sundries has never given us much anxiety, since our suppliers have been exceedingly resourceful in the way they have kept us furnished with our needs, and in introducing to us alternative lines when others were unobtainable. We owe them our thanks.

The reports of our colleagues of other authorities contain many references to the condition of the children's teeth. In the main they are agreed that the dental condition is surprisingly good, almost certainly consequent upon the reduction of sugar and sweet consumption and the simpler nature of the Nation's diet in war-time. As far as Glamorgan is concerned, the position is on a par with other authorities. I have made certain observations which I hope to include in a future report. Although the tooth condition has been described as being generally good, there has been a greater incidence of inflammatory conditions of the soft tissues of the mouth, particularly the gums, Gingivitis of varying degrees, sometimes approaching "Trench Mouth," and a condition aptly described as "sub-scurvy." These conditions have cleared up slowly under the appropriate treatment plus, almost invariably, the prescription of citrous fruit when available, and Vitamin "C" tablets. All of us have sighed for a supply of Penicillin for use upon these cases to observe results and a hoped for more rapid cure. The provoking aspect is that now Penicillin is becoming available supplies of citrous fruits are improving very much, and in consequence the incidence of these sub-scurvy and other gingival cases has almost disappeared, but although one does rather regret that we have not been able to observe these cases under treatment by Penicillin, not any one of us regrets the disappearance, or almost so, of the condition.

#### RESIDENTIAL SCHOOL FOR THE BLIND.

*(Report of Mr. F. E. Hewitt, Principal.)*

Another year has passed by, and it has been quite a happy one on the whole.

A number of pupils were admitted to the County Hospital at Bridgend to receive operative treatment for tonsils and adenoids, but generally speaking, the health of the pupils has been excellent.

At the end of each term a public event was held by the pupils at the School. The end of the Easter term brought the School Eisteddfod when the pupils showed their literary abilities. The usual high standard was attained. At the end of the Summer Term, the Annual School Sports were held. We were fortunate

enough again to have a fine day, and it was most encouraging to notice the excellent team spirit which prevails amongst the pupils. In the Sports, as in the Eisteddfod, competition was very keen to secure the most points which determined the winning House. There are five Houses in the School, each named after men who have done great things for the blind. The names of the Houses are : Campbell, Armitage, Eicholz, Fawcett, and Taylor.

Two performances of the School Christmas Concert were given at the end of last term. The school gymnasium was full to capacity on each occasion. Most of the items in the concert this year were composed by members of our teaching staff. Miss Owen, L.R.A.M., wrote the music for the cantata, Miss Blake, L.R.A.M., wrote the music for the junior musical play, and Miss Thomas, B.A., wrote the Welsh play. The pupils have had a request to do the cantata in the Coliseum Theatre at Aberdare, and they are going there on the 17th January, 1946.

The pupils finished the Autumn term with an excellent Christmas dinner, Christmas party, and a social. They are very fond of dancing.

Six pupils entered for the recent Music Examination (pianoforte) held by the Associated Board, and all were successful in passing—some with honours.

The Literary and Debating Society still takes first place in popularity in out-of-school activities with the pupils. They elect a committee, secretary, and chairman, who arrange the programmes each term during the winter. The members love debates, lectures, mystery nights, etc. This encourages the pupils to get up and speak in public. Pupils are awarded palms of honour according to the progress they make. First comes the bronze palm ; then, if a member continues to make good progress, he, or she, is awarded the silver palm. The crowning glory is the gold palm, which usually takes some years to get.

It was with great sorrow that we received the news of the death of our Matron (Miss E. M. Gibbs) after a comparatively short illness. She passed away on the 7th July, 1945. A memorial service was held at the School at the same time as the funeral was taking place in London. Floral tributes were sent from the staff and the pupils. Miss E. E. Jones, who was deputy Matron since the beginning of the School in 1929, has been appointed Matron, and we wish her well in the tasks which lay ahead of her. She has always shown a great deal of understanding with the pupils.

Great excitement was felt in the School on the " V.E." and " V.J." days, and lots of the pupils seized the opportunity of spending these happy days with their relatives and friends at home.



## STATISTICAL TABLES.

TABLE I.

MEDICAL INSPECTION OF CHILDREN ATTENDING MAINTAINED PRIMARY SCHOOLS, EXCLUDING FORMER  
PART III AUTHORITIES (pages 23 to 26).

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	..	..	..	..	..	..	3,442
Second Age Group	..	..	..	..	..	..	2,966
Third Age Group	..	..	..	..	..	..	3,132
TOTAL	..	..	..	..	..	..	9,540

Number of other Routine Inspections—Visiting Scholars	..	..	..	..	..	411
—Bridgend Blind School	..	..	..	..	..	—
TOTAL	..	..	..	..	..	9,951

## B.—OTHER INSPECTIONS.

Number of Children seen at General Surveys	..	..	..	..	48,745
Number of Special Inspections	..	..	..	..	2,067
Number of Re-inspections	..	..	..	..	6,456
TOTAL	..	..	..	..	57,268

## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding  
DEFECTS OF NUTRITION, UNCLEANLINESS, AND DENTAL DISEASES).

GROUP.	For defective vision (excluding squint).	For all other conditions recorded in Table IIa.	Total number of individual children requiring treatment.
Entrants .. .. .	18	264	281
Second Age Group .. .. .	124	161	254
Third Age Group .. .. .	283	155	428
Total (Prescribed Groups) .. .. .	425	580	963
Other Routine Inspections—Evacuees .. .. .	27	30	55
Bridgend Blind School ..	—	—	—
Grand Total .. .. .	452	610	1,018

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1945.

Defect or Disease.						ROUTINE INSPECTIONS.				SPECIAL INSPECTIONS.			
						No. of Defects.				No. of Defects.			
						Requiring Treatment.		Requiring to be kept under observation, but not requiring Treatment.		Requiring Treatment.		Requiring to be kept under observation, but not requiring Treatment.	
(1)						(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
						Glam.	Eva- cues	Glam.	Eva- cues	Glam.	Eva- cues	Glam.	Eva- cues
Skin	{ Ringworm :—												
	Scalp .. .. .					2	—	—	—	—	—	—	—
	Body .. .. .					2	—	—	—	1	1	—	—
	Scabies .. .. .					71	7	—	—	14	—	—	—
	Impetigo .. .. .					15	—	—	—	13	1	—	—
{ Other Diseases (non-tuberculous) ..						17	1	35	—	9	—	5	—
Eye	{ Blepharitis .. .. .					26	1	9	—	4	—	—	—
	{ Conjunctivitis .. .. .					2	—	1	—	1	—	1	—
	{ Keratitis .. .. .					—	—	—	—	—	—	—	—
	{ Corneal Opacities .. .. .					1	—	—	—	1	—	—	—
	{ Other Conditions (excluding Defective Vision and Squint) .. .. .					10	—	3	—	2	—	1	—
	{ Defective Vision (excluding Squint) ..					425	27	24	—	193	27	1	3
{ Squint .. .. .						45	6	4	—	18	1	—	—
Ear	{ Defective Hearing .. .. .					—	—	7	1	—	—	5	—
	{ Otitis Media .. .. .					10	2	26	—	5	—	7	—
	{ Other Ear Diseases .. .. .					3	—	8	—	—	—	1	—
Nose and Throat	{ Chronic Tonsillitis only .. .. .					143	8	679	19	41	2	47	4
	{ Adenoids only .. .. .					4	—	25	1	—	—	—	—
	{ Chronic Tonsillitis and Adenoids ..					46	3	93	2	13	—	8	—
	{ Other Conditions .. .. .					8	—	18	—	4	—	11	—
Enlarged Cervical Glands (non-tuberculous) ..						6	1	165	5	2	—	17	—
Defective Speech .. .. .						1	—	6	1	—	—	—	—

TABLE II—*continued*.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1945.

Defect or Disease.					ROUTINE INSPECTIONS.				SPECIAL INSPECTIONS.			
					No. of Defects.				No. of Defects.			
					Requiring Treatment.		Requiring to be kept under observation, but not requiring Treatment.		Requiring Treatment.		Requiring to be kept under observation, but not requiring Treatment.	
(1)					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					Glam.	Eva- cues	Glam.	Eva- cues	Glam.	Eva- cues	Glam.	Eva- cues
Heart and Circulation	{ Heart Disease :—											
	{ Organic .. .. .				—	—	15	—	—	—	1	—
	{ Functional .. .. .				—	—	85	3	—	—	4	—
	{ Anaemia .. .. .				10	—	32	—	1	—	3	1
Lungs	{ Bronchitis .. .. .				13	—	11	1	—	—	3	—
	{ Other non-tuberculous Diseases ..				23	—	62	2	—	—	4	—
Tuber- culosis	{ Pulmonary :—											
	{ Definite .. .. .				1	—	—	—	—	—	—	—
	{ Suspected .. .. .				19	1	3	—	17	—	—	—
	{ Non-pulmonary :—											
	{ Glands .. .. .				—	—	1	—	1	—	—	—
	{ Bones and Joints .. .. .				—	—	—	—	—	—	—	—
	{ Skin .. .. .				—	—	—	—	—	—	—	—
	{ Other Forms .. .. .				—	—	—	—	—	—	—	—
Nervous System	{ Epilepsy .. .. .				1	—	5	—	—	—	3	—
	{ Chorea .. .. .				1	—	18	—	—	—	1	2
	{ Other Conditions .. .. .				2	—	2	—	—	—	—	—
Deformities	{ Rickets .. .. .				—	—	—	—	1	—	—	—
	{ Spinal Curvature .. .. .				18	—	4	—	4	—	—	—
	{ Other Forms .. .. .				55	2	14	—	30	1	4	1
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness, and Dental Diseases) ..					8	1	36	1	8	—	5	—
Total Number of Defects .. .. .					988	60	1391	36	383	33	132	11

TABLE II—*continued*.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN ROUTINE AGE GROUPS.

Age Groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly Sub-Normal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants .. .. .	3,442	355	10·31	2,680	77·86	403	11·71	4	0·12
Second Age-Group ..	2,966	297	10·01	2,241	75·56	417	14·06	11	0·37
Third Age-Group ..	3,132	240	7·66	2,481	79·22	405	12·93	6	0·19
Total .. .. .	9,540	892	9·35	7,402	77·59	1,225	12·84	21	0·22
Other Routine Inspections									
Evacuees .. .. .	411	27	6·57	350	85·16	33	8·03	1	0·24
Bridgend Blind School ..	—	—	—	—	—	—	—	—	—
Total .. .. .	9,951	919	9·24	7,752	77·90	1,258	12·64	22	0·22

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Special Schools.	At County Primary Schools.	At other Institutions.	At no School or Institution.	Total.
Educationally sub-normal, partially deaf .. .. .	—	1	—	—	1
Educationally sub-normal, semi-mute .. .. .	—	1	—	—	1
Educationally sub-normal, physically defective .. .. .	—	3	—	—	3
Educationally sub-normal, epileptic .. .. .	—	2	1	—	3
Educationally sub-normal, pulmonary T.B. .. .. .	—	—	1	—	1
Educationally sub-normal, epileptic, and physically defective ..	—	—	1	—	1



TABLE III—(continued).

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA—continued.  
BLIND CHILDREN.

At Special Schools for the Blind.	At a Maintained Primary or Secondary School	At an Institution other than a Special School.	At no School or Institution.	Total.
13	Nil.	Nil.	Nil.	13

## PARTIALLY BLIND CHILDREN.

At Special Schools for the Blind.	At Special Schools for the Partially Blind.	At a Maintained Primary or Secondary School.	At an Institution other than a Special School.	At no School or Institution.	Total.
6	Nil.	Nil.	Nil.	Nil.	6

## DEAF CHILDREN.

At Special Schools for the Deaf.	At a Maintained Primary or Secondary School.	At an Institution other than a Special School.	At no School or Institution.	Total.
30	5	Nil.	3	38

## PARTIALLY DEAF CHILDREN.

At Special Schools for the Deaf and Partially Deaf.	At a Maintained Primary or Secondary School.	At an Institu- tion other than a Special School.	At no School or Institution.	Total.
Nil.	3	Nil.	Nil.	3

## EDUCATIONALLY SUB-NORMAL CHILDREN.

At Special Schools	At a Maintained Primary or Secondary School.	At an Institution other than a Special School.	At no School or Institution.	Total.
7	60*	Nil.	5	72

\* Includes 2 evacuees.

## EPILEPTIC CHILDREN.

*Children suffering from severe Epilepsy.*

At Special Schools.	At a Maintained Primary or Secondary School.	At an Institution other than a Special School.	At no School or Institution.	Total.
Nil.	5	Nil.	2	7

TABLE III—(continued).  
 RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA—(continued).

## PHYSICALLY DEFECTIVE CHILDREN.

## A. TUBERCULOUS CHILDREN.

*I. Children suffering from Pulmonary Tuberculosis.*

At Special Schools.	At a Maintained Primary or Secondary School.	At an Institution other than a Special School.	At no School or Institution.	Total.
32	129	4	38	203

*II. Children suffering from Non-Pulmonary Tuberculosis.*

At Special Schools.	At a Maintained Primary or Secondary School.	At an Institution other than a Special School.	At no School or Institution.	Total.
35	362	5	59	461

## B. DELICATE CHILDREN.

At Special Schools.	At a Maintained Primary or Secondary School.	At an Institution other than a Special School.	At no School or Institution.	Total.
Nil.	358	Nil.	5	363

## C. PHYSICALLY HANDICAPPED CHILDREN.

At Special Schools.	At a Maintained Primary or Secondary School.	At an Institution other than a Special School.	At no School or Institution.	Total.
7	539*	Nil.	15	561

\* Including 24 evacuees.

## D. CHILDREN WITH HEART DISEASE.

At Special Schools.	At a Maintained Primary or Secondary School.	At an Institution other than a Special School.	At no School or Institution.	Total.
Nil.	17	Nil.	7	24

TABLE IV.

## TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VII).

Disease or Defect.  (1)	Number of Defects treated or under treatment during the year.				Total.  (4)
	Under the Authority's Scheme. (2)		Otherwise (3)		
Skin :—	Glam.	Evacuees	Glam.	Evacuees	
Ringworm.—Scalp { (i) X-ray treatment.	3	—	—	—	3
(ii) Other treatment.	—	—	8	—	8
Ringworm.—Body .. .. .	—	—	22	—	22
Scabies .. .. .	—	—	439	30	469
Impetigo .. .. .	—	—	216	14	230
Other Skin Diseases .. .. .	—	—	67	5	72
Minor Eye Defects (external and other, but excluding cases falling in Group II). .. .. .	—	—	16	1	17
Minor Ear Defects .. .. .	—	—	51	1	52
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.) .. .. .	—	—	121	8	129
TOTAL .. .. .	3	—	940	59	1,002

TABLE IV—*continued.*

## GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease.  (1)	Number of defects dealt with.				
	Under the Authority's Scheme. (2)		Otherwise.  (3)		Total.  (4)
	Glam.	Evac.	Glam.	Evac.	
Errors of Refraction (including Squint) .. ..	3,677	—	14	—	3,691
Other Defect or Disease of the eyes (excluding those recorded in Group I) .. .. .	—	—	—	—	—
Total .. .. .	3,677	—	14	—	3,691
No. of children for whom spectacles were :—					
(a) Prescribed .. .. .	1,304	—	13	—	1,317
(b) Obtained .. .. .	1,177	37	13	—	1227

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.															
		Received Operative Treatment.												Received other forms of Treatment. (4)	Total number treated. (5)
		Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
		I	II	III	IV	I	II	III	IV	I	II	III	IV		
Glamorgan	..	11	2	950	—	27	1	9	1	38	3	959	1	32	1,033
Evacuees	..	—	—	32	—	—	—	—	—	—	—	32	—	—	32
Total	..	11	2	982	—	27	1	9	1	38	3	991	1	32	1,065

I. Tonsils only. II. Adenoids only. III. Tonsils and Adenoids. IV. Other defects of nose and throat.



TABLE IV—*continued*.  
GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with Education.	Residential treatment without Education.	Non-residential treatment at an Orthopaedic Clinic.	Residential treatment with Education.	Residential treatment without Education.	Non-residential treatment at an Orthopaedic Clinic.	
	i.	ii.	iii.	i.	ii.	iii.	
Number of children treated	44	23	774*	—	—	—	841

\* Including 24 evacuees.

TABLE V.  
DENTAL INSPECTION AND TREATMENT.

Number of children inspected by the Dentist :—

(a) Routine Age-groups.

Age ..	5	6	7	8	9	10	11	12	13	14	Total.
Glamorgan ..	1,920	1,587	1,648	1,423	1,673	1,672	1,518	1,093	892	584	14,010
Evacuees ..	10	6	7	15	18	19	10	4	7	3	99
Total ..	1,930	1,593	1,655	1,438	1,691	1,691	1,528	1,097	899	587	14,109

	Glamorgan. Evacuees.		Total.
(b) Specials .. .. .	3,597	58	3,655
(c) Total (Routine and Specials) .. .. .	17,607	157	17,764
Number found to require treatment .. .. .	12,774	136	12,910
Number actually treated .. .. .	5,409	56	5,465
Attendances made by children for treatment .. .. .	18,619	60	18,679
Half-days devoted to :—			
Inspection .. .. .	171		
Treatment .. .. .	2,231		
Total .. .. .	2,402		
Extractions :—			
Permanent Teeth .. .. .	1,922	7	1,929
Temporary Teeth .. .. .	15,659	71	15,730
Total .. .. .	17,581	78	17,659
Administrations of general anaesthetics for extractions .. .. .	1,338	19	1,357
Other operations :—			
Permanent Teeth .. .. .	1,915	—	1,915
Temporary Teeth .. .. .	233	8	241
Total .. .. .	2,148	8	2,156

	Glamorgan.	Evacuees.	Total.
Fillings :—			
Permanent Teeth	3,951	30	3,981
Temporary Teeth	979	—	979
Total .. .. .	4,930	30	4,960

TABLE VI.

## UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per school made during the year by the School Nurse—5.3.

Total number of examinations of children in the schools by School Nurses—233,091.

Number of individual children found unclean—5,572 (including 28 evacuees).

TABLE VII.

## UNCLEANLINESS.

Showing the result of the examination and re-examination of children in regard to cleanliness by the School Nurses.

	BOYS.		GIRLS.	
	Number of examinations, 114,458.		Number of examinations, 97,316.	
		%		%
Head :—Clean .. .. .	114,004	99.60	93,726	96.31
Nits .. .. .	422	0.37	3,380	3.47
Pediculi and Sores .. .. .	32	0.03	210	0.22
Body :—Clean .. .. .	113,508	99.17	97,042	99.72
Dirty .. .. .	932	0.81	263	0.27
Verminous .. .. .	18	0.02	11	0.01
Clothing :—Clean .. .. .	113,793	99.42	97,158	99.84
Dirty .. .. .	665	0.58	158	0.16
	Number of re-examinations, 5,155.		Number of re-examinations, 16,162.	
Head :—Clean .. .. .	3,558	69.02	3,297	20.40
Nits .. .. .	1,579	30.63	12,454	77.06
Pediculi and Sores .. .. .	18	0.35	411	2.54
Body :—Clean .. .. .	2,260	43.84	14,585	90.24
Dirty .. .. .	2,799	54.30	1,475	9.13
Verminous .. .. .	96	1.86	102	0.63
Clothing :—Clean .. .. .	2,556	49.58	14,785	91.48
Dirty .. .. .	2,599	50.42	1,377	8.52

TABLE I.

MEDICAL INSPECTION OF CHILDREN ATTENDING MAINTAINED PRIMARY SCHOOLS IN FORMER  
PART III AUTHORITIES (EXCLUDING THE RHONDDA URBAN DISTRICT).

## A.—ROUTINE MEDICAL INSPECTIONS.

Authority.	(1) No. of Inspections.				(2) No. of other Routine Inspections.	Grand Total.
	Entrants.	Second Age Group.	Third Age Group.	Total.		
Aberdare .. .. .	687	610	430	1,727	—	1,727
Barry .. .. .	360	301	211	872	49	921
Mountain Ash .. .. .	620	495	385	1,500	—	1,500
Neath .. .. .	294	633	1,041	1,968	—	1,968
Pontypridd .. .. .	641	597	440	1,678	—	1,678
Port Talbot .. .. .	551	612	363	1,526	153	1,679
Totals .. .. .	3,153	3,248	2,870	9,271	202	9,473

## B.—OTHER INSPECTIONS.

Authority.	No. of Special Inspections and Re-inspections.
Aberdare .. .. .	3,589
Barry .. .. .	4,069
Mountain Ash .. .. .	3,722
Neath .. .. .	1,121
Pontypridd .. .. .	2,298
Port Talbot .. .. .	2,511
Total .. .. .	17,310

TABLE II.

CLASSIFICATION OF THE NUTRITION OF PUPILS INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Authority.	Number of Pupils Inspected.	A (Excellent.)		B (Normal.)		C (Slightly Sub-Normal.)		D (Bad.)	
		No.	%	No.	%	No.	%	No.	%
Aberdare .. ..	1,727	2	0.12	1,692	97.97	33	1.91	—	—
Barry .. ..	921	6	0.65	798	86.64	115	12.49	2	0.22
Mountain Ash .. ..	1,500	35	2.34	1,427	95.13	38	2.53	—	—
Neath .. ..	1,968	359	18.24	1,542	78.36	63	3.20	4	0.20
Pontypridd .. ..	1,678	24	1.43	1,377	82.06	252	15.02	25	1.49
Port Talbot .. ..	1,679	31	1.85	1,378	82.07	270	16.08	—	—
Totals .. ..	9,473	457	4.82	8,214	86.71	771	8.14	31	0.33

TABLE III.

Authority.	GROUP I.	GROUP II.					GROUP III.		
	Treatment of Minor Ailments (excluding uncleanliness).	Treatment of Defective Vision and Squint under the Authority's Scheme.					Treatment of Defects of Nose and Throat under the Authority's Scheme.		
	Total Number of Defects treated or under treatment during the year under the Authority's Scheme.	Errors of Refraction (including squint).	Other defect or disease of the eyes (excluding Group I).	Total.	No. of Children for whom spectacles were		Received operative treatment.	Received other forms of treatment.	Total No. Treated.
					Pre-scribed.	Ob-tained.			
Aberdare .. ..	1,591	263	27	290	259	256	116	115	231
Barry .. ..	1,685	222	—	222	197	193	102	188	290
Mountain Ash .. ..	2,609	390	14	404	380	374	141	39	180
Neath .. ..	1,483	135	5	140	120	120	76	37	113
Pontypridd .. ..	566	235	15	250	140	140	66	—	66
Port Talbot .. ..	533	221	—	221	159	150	105	—	105
Totals .. ..	8,467	1,466	61	1,527	1,255	1,233	606	379	985



TABLE IV.

## DENTAL INSPECTION AND TREATMENT.

Authority.	(1) No. of Pupils inspected by the Dentist.			(2) No. found to require treat- ment.	(3) No. actu- ally trea- ted.	(4) Atten- dances made by Pupils for treat- ment.	(5) Half-days devoted to			(6) Fillings.			(7) Extractions.			(8) Admin- istration of general Dentis- tics for Extrac- tions.	(9) Other operations.		
	Routine Age- Groups.	Specials.	Total.				In- spec- tion.	Treat- ment.	Total.	Per- manent.	Tem- porary.	Total.	Per- manent.	Tem- porary.	Total.		Per- manent.	Tem- porary.	Total.
Aberdare ..	1,456	1,626	3,082	2,481	1,399	2,448	19	545	564	851	311	1,162	202	1,612	1,814	869	233	264	497
Barry ..	1,505	719	2,224	1,531	1,201	2,728	13	292	305	435	112	547	224	1,428	1,652	699	318	130	448
Mountain Ash	2,560	1,059	3,619	1,736	1,672	1,728	26	192	218	428	14	442	267	1,460	1,727	28	150	10	160
Neath ..	3,163	148	3,311	1,001	608	1,276	18	144	162	152	3	155	215	2,424	2,639	384	34	—	34
Pontypridd	5,736	206	5,942	3,500	1,724	1,894	44	308	352	147	875	1,022	103	298	401	1,093	103	298	401
Port Talbot	6,182	245	6,427	2,929	1,430	3,296	28	379	407	1,322	60	1,382	308	2,284	2,592	324	129	—	129
Totals ..	20,602	4,003	24,605	13,168	8,034	13,370	148	1,860	2,008	3,335	1,375	4,710	1,319	9,506	10,825	3,397	967	702	1,669

TABLE V.

## VERMINOUS CONDITIONS.

Authority.	(i) Average No. of visits made during the year by School Nurses or other authorised persons.	(ii) Total No. of Examns. in Schools by School Nurses or other authorised persons.	(iii) No. of Individual Pupils found unclean.
Aberdare .. .. .	3·0	4,723	396
Barry .. .. .	5·0	13,905	558
Mountain Ash .. ..	13·0	42,895	102
Neath .. .. .	30·0	6,608	293
Pontypridd .. .. .	3·0	11,564	1,452
Port Talbot .. .. .	33·0	16,970	1,111
Totals .....	—	96,665	3,912

TABLE VI.

## BLIND AND DEAF PUPILS.

Authority.	BLIND PUPILS.			DEAF PUPILS.		
	(1) At a County Primary or Secondary School.	(2) At an Institu- tion other than a Special School.	(3) At no School or Institution.	(1) At a County Primary or Secondary School.	(2) At an Institu- tion other than a Special School.	(3) At no School or Institution.
Aberdare .. .. .	—	—	—	—	—	—
Barry .. .. .	—	—	—	—	—	—
Mountain Ash .. ..	—	—	—	—	—	—
Neath .. .. .	—	—	—	—	—	—
Pontypridd .. .. .	—	—	—	—	—	—
Port Talbot .. .. .	—	—	—	—	—	—
Totals .. .. .	—	—	—	—	—	—

## MAINTAINED SECONDARY SCHOOLS.

TABLE I.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants .. .. .	1,650
Second Age Group .. .. .	—
Third Age Group .. .. .	974
Total .. .. .	<u>2,624</u>

Number of other Routine Inspections—Junior Technical Day Schools .. .. .	—
Grand Total .. .. .	<u>2,624</u>

## B.—OTHER INSPECTIONS.

Number of Special Inspections .. .. .	67
Number of Re-Inspections .. .. .	1,005
Total .. .. .	<u>1,072</u>

## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding DEFECTS OF NUTRITION, UNCLEANLINESS, AND DENTAL DISEASES).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table IIa.	Total number of individual children requiring treatment.
Entrants .. .. .	169	183	317
Second Age Group .. .. .	—	—	—
Third Age Group .. .. .	93	71	153
Total (prescribed Groups) .. .. .	262	254	460
Routine—Other Inspections—Junior Technical Day Schools .. .. .	—	—	—
Grand Total .. .. .	262	254	460

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1945.

Defect or Disease.						ROUTINE INSPECTIONS.		RE-INSPECTIONS.	
						No. OF DEFECTS.		No. OF DEFECTS.	
						Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Skin	{	Ringworm :							
		Scalp .. .. .	—	—	—	—			
		Body .. .. .	1	—	—	—			
		Scabies .. .. .	6	—	1	—			
		Impetigo .. .. .	1	—	2	—			
		Other Diseases (non-tuberculous) ..	9	4	—	2			
Eye	{	Blepharitis .. .. .	7	—	3	4			
		Conjunctivitis .. .. .	—	—	—	—			
		Keratitis .. .. .	—	—	—	—			
		Corneal Opacities .. .. .	—	1	—	—			
		Other conditions (excluding Defective Vision and Squint) .. .. .	2	—	—	1			
		Defective Vision (excluding Squint)	264	65	129	100			
		Squint .. .. .	2	—	—	1			
Ear	{	Defective Hearing .. .. .	8	3	2	6			
		Otitis Media .. .. .	1	7	—	6			
		Other Ear Diseases .. .. .	1	—	—	—			
Nose and Throat	{	Chronic Tonsillitis only .. .. .	39	79	26	61			
		Adenoids only .. .. .	—	—	—	—			
		Chronic Tonsillitis and Adenoids ..	1	—	—	—			
		Other Conditions .. .. .	3	—	—	3			
		Enlarged Cervical Glands (non-tuberculous) ..	1	33	—	20			
		Defective Speech .. .. .	—	—	—	4			

TABLE II—continued.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1945.

Defect or Disease.					ROUTINE INSPECTIONS.		RE-INSPECTIONS.	
					No. OF DEFECTS.		No. OF DEFECTS.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment
Heart and Circulation	{	Heart Disease :—						
		Organic .. .. .	—	11	—	6		
		Functional .. .. .	—	24	—	15		
		Anaemia .. .. .	6	10	1	17		
Lungs	{	Bronchitis .. .. .	—	—	—	1		
		Other non-tuberculous Diseases ..	1	21	—	19		
Tuberculosis	{	Pulmonary :—						
		Definite .. .. .	—	—	—	—		
		Suspected .. .. .	2	—	—	—		
		Non-Pulmonary :						
		Glands .. .. .	—	1	—	1		
		Bones and Joints .. .. .	—	1	—	—		
		Skin .. .. .	—	—	—	—		
		Other Forms .. .. .	—	—	—	—		
Nervous System	{	Epilepsy .. .. .	—	—	—	—		
		Chorea .. .. .	—	2	—	—		
		Other Conditions .. .. .	—	—	—	—		
Deformities	{	Rickets .. .. .	—	—	—	—		
		Spinal Curvature .. .. .	38	3	22	6		
		Other Forms .. .. .	152	12	125	15		
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness, and Dental Diseases) ..			4	10	4	4		
Total Number of Defects .. ..			547	287	316	292		



TABLE II—*continued*.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR  
IN ROUTINE AGE GROUPS.

Age-Groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly Sub-Normal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants .. .. .	1,650	382	23·15	1,115	67·58	152	9·21	1	0·06
Third Age-Group .. ..	974	300	30·80	635	65·19	37	3·80	2	0·21
Total ..	2,624	682	25·99	1,750	66·69	189	7·20	3	0·12
Other Routine Inspections— Junior Technical Day Schools	—	—	—	—	—	—	—	—	—
Total ..	2,624	682	25·99	1,750	66·69	189	7·20	3	0·12

TABLE III.  
TREATMENT TABLES.  
Group I.—MINOR AILMENTS.

Disease or Defect.	Number of defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total.
Skin :—			
Ringworm—Scalp :			
(i) X-ray treatment .. .. .	—	—	—
(ii) Other treatment .. .. .	—	—	—
Ringworm—Body .. .. .	—	—	—
Scabies .. .. .	—	—	—
Impetigo .. .. .	—	—	—
Other skin disease .. .. .	—	—	—
Minor Eye Defects :—			
(External and other, but excluding cases falling in Group II) .. .. .	—	—	—
Minor Ear Defects .. .. .	—	—	—
Miscellaneous :—			
(e.g. minor injuries, bruises, sores, chilblains, etc.) ..	—	—	—
Total .. .. .	—	—	—

TABLE III—*continued.*

## Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

	No. of Defects dealt with.				
	Under the Authority's Scheme.		Otherwise.		Total.
	Glam.	Eva- cues	Glam.	Eva- cues	
Errors of refraction (including squint) .. .. .	1,033	—	—	—	1,033
Other defect or disease of the eyes (excluding those recorded in Group I) .. .. .	—	—	—	—	—
Total .. .. .	1,033	—	—	—	1,033
No. of children for whom spectacles were					
(a) Prescribed .. .. .	481	—	—	—	481
(b) Obtained .. .. .	127	—	—	—	127

## Group III.—Treatment of DEFECTS OF NOSE AND THROAT.

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment.	Total number
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's scheme.				Total.					
I	II	III	IV	I	II	III	IV	I	II	III	IV		
2	—	39	—	—	—	—	—	2	—	39	—	—	41

(I) Tonsils only. (II) Adenoids only. (III) Tonsils and adenoids. (IV) Other defects of the nose and throat.

TABLE III—*continued.*

## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with Education.	Residential treatment without Education.	Non-residential treatment at an Orthopaedic Clinic.	Residential treatment with Education.	Residential treatment without Education.	Non-residential treatment at an Orthopaedic Clinic.	
	i.	ii.	iii.	i.	ii.	iii.	
Number of children treated	—	—	129	—	—	—	129

TABLE IV.

## DENTAL INSPECTION AND TREATMENT.

Number of children inspected by the Dentist :—

								<i>Glamorgan.</i>	<i>Evacuees.</i>	<i>Total.</i>
(a) Routine Age-groups	..	..	..	..	..	..	..	1,289	—	1,289
(b) Specials	..	..	..	..	..	..	..	841	—	841
(c) Total (Routine and Specials)	..	..	..	..	..	..	..	2,130	—	2,130
Number found to require treatment	..	..	..	..	..	..	..	1,662	—	1,662
Number actually treated	..	..	..	..	..	..	..	776	—	776
Attendances made by children for treatment	..	..	..	..	..	..	..	3,589	—	3,589
<i>Glamorgan. Evacuees. Total.</i>										
Fillings :—										
Permanent Teeth	1,848	—	1,848					749	—	749
Temporary Teeth	24	—	24					297	—	297
Total	1,872	—	1,872					1,046	—	1,046
Extractions :—										
Permanent Teeth	..							749	—	749
Temporary Teeth	..							297	—	297
Total	..							1,046	—	1,046
Administrations of general anaesthetics for extractions										
	..							79	—	79
Other Operations :—										
Permanent Teeth								889	—	889
Temporary Teeth								9	—	9
Total	..							898	—	898

